Experiential Engagement Documentation Form

This form verifies the completion of an experiential engagement that fulfills UCLA Honors Program requirements for the College Honors designation on your transcript and diploma.

To ensure timely processing of your petition, please ensure that your supervisor completes all required fields and provides the necessary signature. **Students are not permitted to fill out or sign the Experiential Engagement Documentation Form.** Incomplete forms will delay approval.

As part of the verification process, we may contact the listed individual if we have additional questions or need further information.

Student Name: _____
Title of Experiential Engagement: _____
Organization: _____
How would you classify the student's Experiential Engagement? *Select the option that best describes the nature of the student's Experiential Engagement. Select one.*

- ☐ Research
- ☐ Internship / Professional Experience
- ☐ Volunteer / Community Service
- ☐ Student Organization
- ☐ Creative / Artistic Project
- ☐ Other: _____

Hours of Weekly Engagement: _____
Dates of Participation

- Start Date: _____
- End Date: _____

Supervisor Verification

Name: _____
Title: _____
Email: _____

_____ _____
Signature Date

I certify that the above information is accurate and that the student has satisfactorily completed the described experiential engagement by the listed end date.